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SEC Mail Processing Section

AUG 192008
Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an amendment and name has change, and indicate change.)

BabbaCo, LLC offfering of limited liability company interest

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendn BabbaCo, LLC	nent and name has changed, and indicate change.)	
Address of Executive Offices 4738 N. Lamon Ave	(Number and Street, City, State, Zip Code) Chicago, IL 60630	Telephone Number (Including Area Code) 847-903-1201
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code) Same as above	Telephone Number (Including Area Code) PROCESSED
Brief Description of Business Baby Products		PROCESSED
		AUG 2 2 2008

		AUG B B B B B B B B B B B B B B B B B B B
Type of Business Organization corporate	limited partnership, already formed	THOMSON REVIERS Diliter (please specify): Limited Liability
business trust	limited partnership, to be formed	Company
Actual or Estimated Date of Incorporation or	Month Year Organization: 0 1 0 8	Actual Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation CN for Canada; FN for other foreign jurisdiction)	of State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501

et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

		A. BASIC IDENTIFI	ICATION DATA		
2. Enter the information req					
•	-	r has been organized with	•	:£ 100/	f a alaan af aquitu
securities of the issue	r;		lirect the vote or dispositi		
		-	rporate general and manag	ging partners of pa	rtnership issuers; and
• Each general and man			⊠ Executive Officer	☐ Director	General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Managing Partner
Full Name (Last name first, if i Kim, Jessica	ndividual)				
Business or Resident Address 4738 N. Lamon Ave, Chicago,	•	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Resident Address	(Number and Str	eet, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Resident Address	(Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Resident Address	(Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Resident Address	(Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Resident Address	(Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Resident Address	(Number and Str	eet, City, State, Zip Code)			
	(Use blank she	et, or copy and use addition	nal copies of this sheet, as no	ecessary.)	,, , , , , , , , , , , , , , , , , , ,

B. INFORMATION ABOUT OFFERING	Vec 1	VI.a.
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in his offering?		7 0
	ובא	
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$ <u>\$10,000</u>	.00_
	Yes 1	No
3. Does the offering permit joint ownership of a single unit?	\boxtimes	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any comm	is-	
sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a per-	son	
to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states,		
list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker		
or dealer, you may set forth the information for that broker or dealer only		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
		
Name of Associated Broker or Dealer		
		
State in Which Person Listed Has Solicited or Intends to Solicit Purchases	P***	
(Check "All States" or check individual States)	All State	es
[AL] 🗌 [AK] 🔲 [AZ] 🗋 [AR] 🗌 [CA] 🔲 [CO] 🗍 [CT] 🔲 [DE] 🔲 [DC] 🛄 [FL] 🔲 [GA] 🛄	: · · = ·	וסו 🔲
III		40] [
[WT]		PA] [
[RI] \square [SC] \square [SD] \square [TN] \square [TX] \square [UT] \square [VT] \square [VA] \square [WA] \square [WV] \square [WI] \square] [WY] []	PR] [_]
Full Name (Last name first, if individual)		
Full Name (Last name first, if individual)		
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)		_
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer	☐ All State	es
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer State in Which Person Listed Has Solicited or Intends to Solicit Purchases (Check "All States" or check individual States)	,	es ID]
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer State in Which Person Listed Has Solicited or Intends to Solicit Purchases (Check "All States" or check individual States)	I [HII] ☐ [I	MO] []
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer State in Which Person Listed Has Solicited or Intends to Solicit Purchases (Check "All States" or check individual States) [AL]	[HI] [[MS] [[OR] [ID] MO] PA]
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer State in Which Person Listed Has Solicited or Intends to Solicit Purchases (Check "All States" or check individual States) [AL]	[HI] [[MS] [[OR] [MO] []
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Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer State in Which Person Listed Has Solicited or Intends to Solicit Purchases (Check "All States" or check individual States)	[HI] [[MS] [N] [OR] [I] [WY] [I]	IDI
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer State in Which Person Listed Has Solicited or Intends to Solicit Purchases (Check "All States" or check individual States) [AL]	[HI] [[MS] [N] [OR] [I [WY] [I [WY] [I [HI] [I [MS] [I	ID] MO] PA] PR] PR] es

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	A	Amount Alexadu
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u>\$</u>	\$
	Equity	\$	\$
	☐ Common ☐ Preferred	•	•
	Convertible Securities (including warrants)	\$	
	Partnership Interests	\$	\$
	Other (Specify Limited Liability Company Units)	\$_200,000.00	
	Total	\$	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ 20,000.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ <u>10,000.00</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	······································	\$
	Other Expenses (identify)		\$
	Total		\$ <u>190,000.00</u>

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AN	ID USI	E OF PROCEEDS	
	tion I and total expenses furnished in respo	e offering price given in response to Part C nse to Part C - Question 4.a. This difference	e is th	ne	\$ <u>190,000.00</u>
5.		e amount for any purpose is not known, fur estimate. The total of the payments listed mu	mish a	תו	
				Payments to Officers, Directors & Affiliates	Payment to Others
	Sales and fees			s	s
	Purchase of real estate				s
	Purchase, rental or leasing and installation of m	achinery and equipment		\$	\$
	Construction or leasing of plant buildings and fa	acilities		s] s
	Acquisition of other business (including the val offering that may be used in exchange for the as			_	_
	issuer pursuant to a merger)			s] \$
	Repayment of indebtedness		ᆜ	\$ [\$
	Working capital	•••••••••••••••••••••••••••••••••••••••	Ш		\$ 190,000.00
	Other (specify):			s	s
	Column Totals Total Payments Listed (column totals added)			-	\$ <u>190,000.00</u>
sig	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer to ormation furnished by the issuer to any non-accr	furnish to the U.S. Securities and Exchange Co	mmiss	tion, upon written requ	
	uer (Print or Type) bbaCo, LLC	Signature /	:	Date August 13, 2008	1
Na	me of Signer (print or Type)	Title of Signer (Print or Type)		•	
Jes	sica Kim	Chief Executive Officer			
		1/			
		ATTENTION			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 16

		<u>E.</u>	STATE SIG	NATURE				
1.	Is any party described in 17 CFR 230.262 preserrule?				·····	h 	Yes	No ⊠
2.	The undersigned issuer hereby undertakes to f Form D (17 CFR 239.500) at such times as red			strator of any sta	te in which th	is notice is filed,	, a notic	e on
3.	The undersigned issuer hereby undertakes to fissuer to offerees	urnish to th	e state adminis	strators, upon wr	itten request, i	nformation furni	ished by	the
4.	The undersigned issuer represents that the issulimited Offering Exemption (ULOE) of the sta of this exemption has the burden of establishing	ite in which	this notice is	filed and underst	ands that the i			
	ne issuer has read this notification and knows the dersigned duly authorized person.	e contents to	be true and h	as duly caused the	his notice to b	e signed on its b	ehalf by	the
lss	suer (Print or Type)	Signature		1// -		Date		
Ba	bbaCo, LLC		Im	-l-		August <u>15</u> , 200	8(
Na	ume (print or Type)	Title (Frin	it or Type)		- · · · · ·			
Jes	ssica Kim	Chief Exe	cutive Officer					
		$\overline{}$						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

ī	7	2 3 4					5	-	
	to non-ac	to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ication te ULOE attach ion of ranted) tem 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK						<u>. </u>	<u></u>		
AZ									
AR							·		
CA	X		LLC Units 20 000 00			2	20,000.00		
со									ļ
CT_						<u></u>			<u> </u>
DE									<u> </u>
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ID	ļ		I I C I i i i i i i i i i i i i i i i i		ļ		-	<u> </u>	-
IL_	X		LLC Units 70 000 00	1	20.000.00	4	50.000.00		<u> </u>
IN						· · · · · · · · · · · · · · · · · · ·		-	
IA	<u> </u>		<u> </u>		<u> </u>		<u></u>		
KS	<u> </u>								
KY	ļ	 			<u> </u>			<u> </u>	<u> </u>
LA				_				<u> </u>	
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MA		 							
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MO		<u> </u>	1		<u>L</u>			<u></u>	

APPENDIX

1	7	2	3	<u> </u>	_	4	* * * * * * * * * * * * * * * * * * * *	5	
-	Intend to non-ac investors (Part B-	to sell ecredited in State	Type of security and aggregate Union					Disqualif under Sta (if yes, explanat waiver gr (Part E-I	attach l
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									<u> </u>
NE									ļ
NV					···				
NH									
NJ	X		LLC Units 10,000.00			2	20.000.00		1
NM									
NY								<u> </u>	
NC									
ND						<u> </u>			
OH	ļ				· · · · · · · · · · · · · · · · · · ·				
ОК		, <u>.</u>						<u> </u>	<u> </u>
OR								<u></u>	<u> </u>
PA		ļ		<u> </u>			 	· · · · · · · · · · · · · · · · · · ·	<u> </u>
RI									
SC									<u> </u>
SD							<u> </u>		
TN	<u></u>			<u> </u>				<u> </u>	-
TX									-
UT		-							-
VT			II C II-it-						-
VA	x	<u> </u>	LLC Units 10 000 00 LLC Units			1	10.000.00	ļ	-
WA	<u> </u>	<u> </u>	10 000 00			1	10.000.00		
WV				ļ					
WI		<u> </u>							-
WY									-
PR		<u> </u>		<u> </u>				<u> </u>	<u></u>

